

Fee Schedule Agreement Form



The following listing represents the most common fees provided by Signature Health providers. Each patient or their parent/guardian is responsible to pay their fees to the extent that insurance or other sliding fee scale programs or discounts cannot be applied.

CPT Code	Service Description	Charge Amount	Units
90791	Intake Assessment	\$251.00	Per Visit
90853	Group Therapy	\$ 68.00	Per Group
90834	Counseling (45 Min)	\$170.00	Per Session
90837	Counseling (60 Min)	\$197.00	Per Session
99203	New Patient Visit, Level 3*	\$259.00	Per Visit
99204	New Patient Visit, Level 4*	\$397.00	Per Visit
99213	Established Patient Visit, Level 3*	\$180.00	Per Visit
99214	Established Patient Visit, Level 4*	\$264.00	Per Visit
99215	Established Patient Visit, Level 5*	\$385.00	Per Visit
99385	Prevent. Care, New Pt, Age 18-39	\$317.00	Per Visit
99386	Prevent. Care, New Pt, Age 40-64	\$345.00	Per Visit
99395	Prevent. Care, Est. Pt, Age 18-39	\$271.00	Per Visit
99396	Prevent. Care, Est. Pt, Age 40-64	\$286.00	Per Visit
H2020	Partial Hospitalization Program	\$200.00	Per Session
H0015	Intensive Outpatient Program	\$200.00	Per Session
G0480	Urine Drug Screen	\$114.43	Per Screen

****Level of care will be determined by the provider***

Patient Name & Date: _____

Guarantor Name & Date: _____

Patient/Guarantor Signature: _____

Full Fee Schedule Available upon Request